## **EXHIBIT C**



FOR PICKUP OR TRACKING CALL 1-800-222-1811



## POST OFFICE TO ADDRESSEE

EK7P042595302

No Delivery Weekend Holiday  CUSTOMER USE ONLY  METHOD OF PAYMENT:    WAVER OF SIGNATURE (Cornestic Only) Additional merchandise insurance is void if waiver of signature is need that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid present a deciral Agency Acct. No. or Postal Service Acct. No.  FROM: PLEASE PRINT] PHONE   513   626-6645  TO: PLEASE PRINT] PHONE   513   626-6645  Company  Jeffry V. Bamber  Company  Jeshnical Center  11520 Read Hartman Highway  Cincinnati, Ohio 45241	Date in (  Mo. Day Year.  Time in  AM PM  Weight   Day PM  Ibs. ozs.	Return Receipt Fee  COD Fee Insurance	ie Fee	SEE REVERSE SIDE FOR SERVICE GUARANTEE AND INSURANCE COVERAGE LIMITS						
METHOD OF PAYMENT:    WAIVER OF SIGNATURE Correstic Only) Additional merchandise insurance is void if waiver of eignature is recommended insurance. It wish delivery to be made without obtaining signature of addressee or addres	Weekend Holiday		\$			*	, e = 2 1 e =		20 20 00 00 0	/\.
Jeffrey V. Bamber Commissioner For Patents Company Washington, D.C. 20231 TATE OF PATENTAL OF THE PATENTAL OF	Express Mail Corporate Acct. No.			I wish delivery to be that article can be k delivery.	made without obtain iff in secure location)	ing signature of ad and I authorize tha	dressee or address t delivery employee	see's agent (if delik e's signature const	very employee it	iudaes ·
Company Washington, D.C. 20231 11520 Read Hartman Highway	FROM: (PLEASE PRINT)	PHONE ( 513 )	626-6645	то:	(PLEASE PRINT)	PHO	ONE ( )	٠.		-
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Label 11-B July 1997

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